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**Successful Clinical Strategies for  
Addressing Sleep Disorders in  
PBHCI Integrated Clinics**

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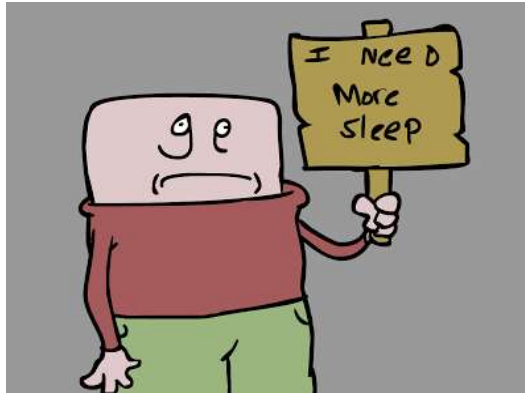
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## What We Hope You Get Out of Today's Webinar (a.k.a. Learning Objectives)

- Identify common sleep disorders and causes of sleep problems
- Incorporate screening and evidence based treatment strategies into clinic workflow
- Determine when a patient may need specialty care for treatment of sleep disorders
- Use non-pharmacological interventions to help patients improve sleep; Develop a sleep Hygiene Plan for patients
- Apply primary or tertiary prevention strategies and incorporate peer wellness programming such as WHAM to promote healthy sleep

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## Helping clients manage sleep disorders can be a critical part of whole health approach



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## Greetings



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## Supporting Healthy Sleep



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**ZZZzzzzzz.....**

Americans are notoriously sleep deprived, but those with psychiatric conditions are even more likely to be yawning or groggy during the day.

Chronic sleep problems affect 50% to 80% of patients in a typical psychiatric practice, compared with 10% to 18% of adults in the general U.S. population.

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## Sleep Problems - more than just symptoms

- Sleep Problems raise risk for, and even directly contribute to, the development of some psychiatric disorders
- Treating sleep can alleviate co-occurring mental health problem

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## Multidimensional approach

Medical

Neurological

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## Sleep Problems: Frequency, Intensity and Duration

Falling asleep?  
Staying asleep?  
Waking too early?  
Poor sleep quality?  
Breathing problem?  
Nightmares?  
Sleep movement problems?  
Snoring?

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## Assessment questions

- Wake up with dry mouth? Needing a drink of water
- Trouble breathing
- Pain?
- Indigestion/ Reflux
- Difficulty with memory?
- Problems controlling your blood pressure/glucose?
- Feeling anxious? Fear/worry about something
- Racing thoughts/ Can't turn off your mind
- Morning headaches?
- Difficulty concentrating?
- Feeling depressed/moody?
- Needing to care for a child, elder, pet etc.

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## Rule Out Sleep Wake Disorders

1. Insomnia disorder
2. Hypersomnolence
3. Narcolepsy
4. Breathing related sleep disorder
5. Circadian rhythm sleep-wake disorder
6. REM sleep behavior disorder
7. Restless legs syndrome
8. Substance/medication induced sleep disorder

\*DSM 5 Criteria

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## Sleep Problems and.....

- Depression - 65% to 90% of adult patients with major depression, and about 90% of children with this disorder, experience some kind of sleep problem.
- Anxiety - Sleep problems affect more than 50% of adult patients with generalized anxiety disorder.
- Cognitive changes.
- Bipolar disorder - 69% to 99% of patients experience insomnia or report less need for sleep during a manic episode of bipolar disorder. In bipolar depression, however, studies report that 23% to 78% of patients sleep excessively (hypersomnia), while others may experience insomnia or restless sleep.
- PTSD - Post-traumatic stress disorder (PTSD), and may occur in panic disorder, obsessive-compulsive disorder, and phobias
- ADHD - Various sleep problems affect 25% to 50% of children with ADHD.
- Substance Use.

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## Sleep Problems are Established Risk Factors

- Development of mental illness
- Substance Use Disorders
- ✓ Sleep problems are an opportunity for early intervention
- ✓ Sleep problems are more likely to affect patients with psychiatric disorders than people in the general population
- ✓ Sleep problems may increase risk for developing particular mental illnesses, as well as result from such disorders
- ✓ Treating the sleep disorder may help alleviate symptoms of the mental health problem

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## Lifestyle and behavioral interventions

In some respects, the treatment recommended for the most common sleep problem, insomnia, is the same for all patients, regardless of whether they also suffer from psychiatric disorders.

The fundamentals are a combination of **lifestyle changes, behavioral strategies, psychotherapy, and medications** if necessary.

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## ***Lifestyle changes.....***

Exercise

Diet

Most people know that caffeine contributes to sleeplessness, but so can alcohol and nicotine. Alcohol initially depresses the nervous system, which helps some people fall asleep, but the effects wear off in a few hours and people wake up. Nicotine is a stimulant, which speeds heart rate and thinking. Giving up these substances is best, but avoiding them before bedtime is another option.

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## ***Physical activity***

- . Regular aerobic activity helps people fall asleep faster, spend more time in deep sleep, and awaken less often during the night.

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## ***Cognitive behavioral therapy***

Because people with insomnia tend to become preoccupied with not falling asleep, cognitive behavioral techniques help them to change negative expectations and try to build more confidence that they can have a good night's sleep.

These techniques can also help to change the "blame game" of attributing every personal problem during the day on lack of sleep.

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## ***Relaxation techniques***

Meditation, guided imagery, deep breathing exercises, and progressive muscle relaxation (alternately tensing and releasing muscles) can counter anxiety and racing thoughts.

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## ***Sleep hygiene***

Many experts believe that people learn insomnia, and can learn how to sleep better. Good "sleep hygiene" is the term often used to include tips like maintaining a regular sleep-and-wake schedule, using the bedroom only for sleeping or sex, and keeping the bedroom dark and free of distractions like the computer or television. Some experts also recommend sleep retraining: staying awake longer in order to ensure sleep is more restful.

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## **Quality Sleep Starts when you wake up**



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## Create a sunset ritual



## Structure for creating a sunset

- Prepare your home
  - Turn off TV, Smart Phones, Internet
  - Dim the lights – be careful of the bathroom!
- Prepare your room
  - Lighting
  - Temperature
  - Smells
  - Sounds
  - Clocks
- Prepare yourself for sleep
  - Evening habits
  - Changing your clothes
  - Relaxation/Meditation/Imagery
- Structure time to fall asleep
- Have a plan if you can't sleep/wake up

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The brain basis of a mutual relationship between sleep and mental health is not yet completely understood.

But neuroimaging and neurochemistry studies suggest that a good night's sleep **helps foster both mental and emotional resilience**, while chronic sleep disruptions set the stage for negative thinking and emotional vulnerability.

*Harvard Mental Health Letter* **Sleep and mental health** Published: July, 2009  
[http://www.health.harvard.edu/newsletter\\_article/Sleep-and-mental-health](http://www.health.harvard.edu/newsletter_article/Sleep-and-mental-health)

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## Insights from Lived Experience

- Bipolar Disorder/Sleep Disorder – Dr. Fred Goodwin, Former Director NIMH & Bipolar Disorder Expert
- Restful Sleep – Foundation for Personal Recovery and Resilience
- Secondary/Tertiary Prevention

## Insights from Lived Experience

- Restful Sleep – Key WHAM Whole Health and Resiliency Factor (Benson-Henry Institute for Mind-Body Medicine, Massachusetts General Hospital)
- What WHAM participants say about sleep loss:
  - What comes first – sleep deprivation or stress?
  - Racing thoughts that reduce focus
  - Increased negative thoughts
  - Reduced stress buffer
  - Memory issues

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## Insights from Lived Experience

### What WHAM Participants Say (cont.)

- Stroke symptoms/stroke
- Heart attack symptoms/heart attack
- Impulsive behavior (leave lights on?)
- Don't listen to others
- Routines hard to do

WELLS RISES

## Insights from Lived Experience

### WHAM Person-Centered Planning for Restful Sleep

- What role has restful sleep played in your mental health, substance use and overall health?
- I usually get \_\_\_\_hours of sleep each night
- I know am not getting enough sleep when these things happen:
- I've learned to sleep better when I do these things before I go to bed:
- If I decide it is important to get more restful sleep I could do the following to accomplish that:
- The benefit of getting more restful sleep would be:



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## Insights from Lived Experience

### What WHAM Participants Say Works:

- Meditation
- Warm bath
- Remove TV from bedroom
- Limit negative news



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## Insights from Lived Experience

### What WHAM Participants Say Works:

- Listen to music
- Make to-do lists before bed
- Read
- Turn off phones/texts/emails
- Walk



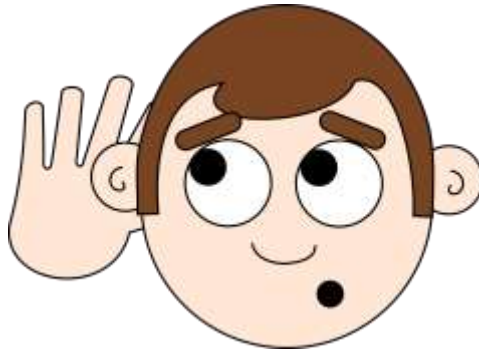
## Insights from Lived Experience

### What WHAM Participants Say Works

- Don't eat just before bed
- Eliminate or limit caffeine
- Catch, check, change negative thoughts
- Forgive self and others
- Gratitude list



## Let's Hear From You!



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## Polling Questions

In your experience, is sleep a problem for patients in your integrated clinic?

- a. Yes
- b. No
- c. Don't know

## Polling Questions

Is your clinic currently identifying and treating sleep disorders?

- a. Yes, routinely
- b. Yes, but only sometimes
- c. No



## Polling Questions

What is your comfort level in working with patients who have sleep problems?

- a. Not at all
- b. Somewhat comfortable
- c. Very confident/comfortable



## Questions/Discussion



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## We Can Help!

- Extensive resources on integrated care models, evidence-based programs, financing, health and wellness, operations, and workforce
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- <http://www.integration.samhsa.gov/>

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